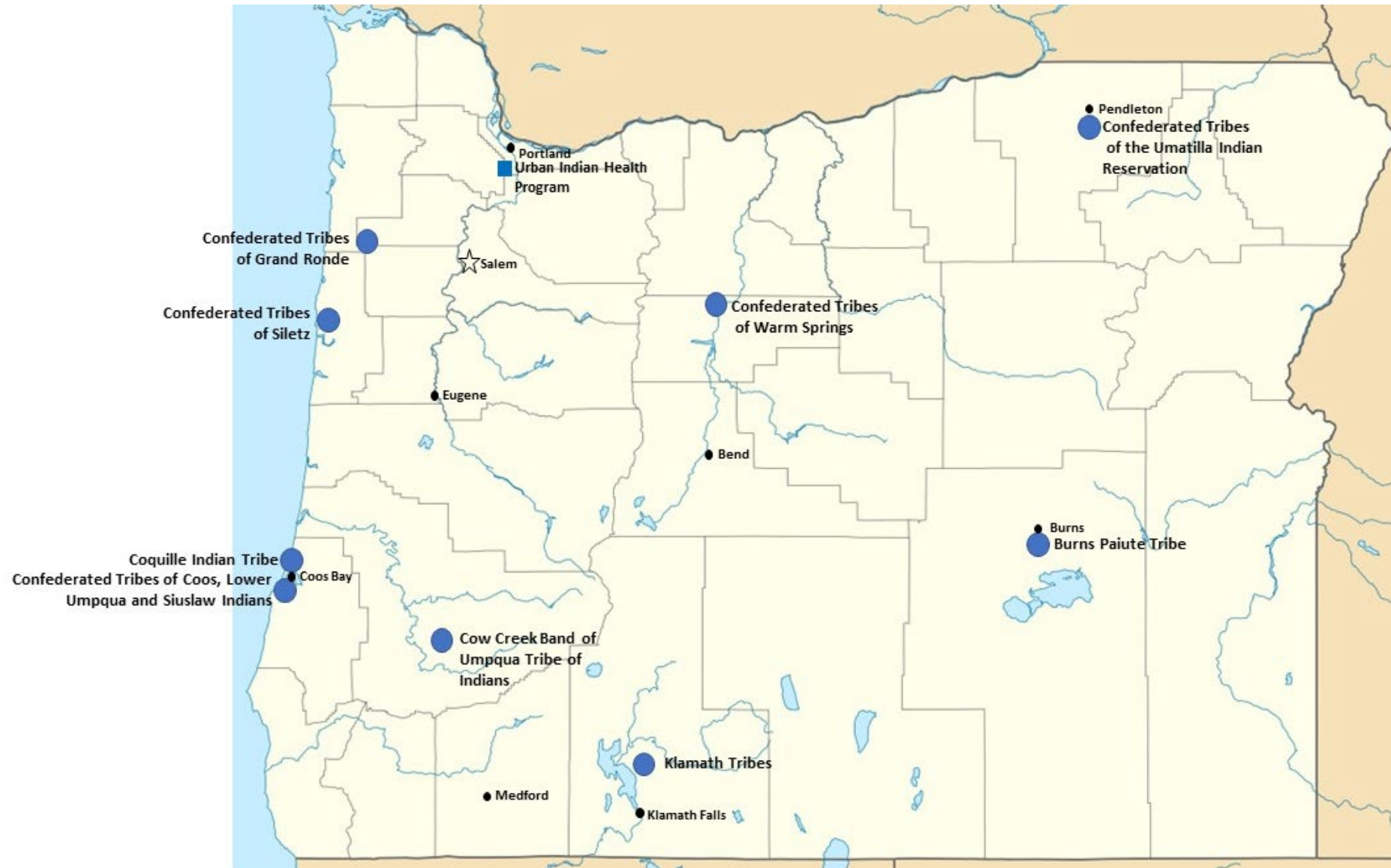

INDIGENOUS SOCIAL DETERMINANTS OF HEALTH

KAT COOPER, COMMUNITY ENGAGEMENT COORDINATOR AND TRIBAL
LIAISON



Oregon's Nine Federally Recognized Tribes



AMERICAN INDIAN AND ALASKA NATIVE POPULATION

- Oregon's total American Indian Alaska Native(AIAN) population, according to the 2020 U.S. Census, included 185,723 people
- In Douglas County, 4,715 people identify as AIAN, or about 4.3% of the population



CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS (CTCLUSI)

- THE CONFEDERATED TRIBES OF COOS, LOWER UMPQUA AND SIUSLAW INDIANS ARE MADE UP OF THREE TRIBES (FOUR BANDS):
 - Two bands of Coos Tribes: Hanis Coos, Miluk Coos;
 - Lower Umpqua Tribe;
 - Siuslaw Tribe
- FIVE COUNTY SERVICE AREA: COOS, CURRY, LINCOLN, DOUGLAS AND LANE COUNTIES, WITH HEADQUARTERS IN COOS BAY
- TRIBAL MEMBERS LIVE ALL OVER THE WORLD, WITH 1,296 ENROLLED MEMBERS

An aerial photograph showing a vibrant green forest with a winding river cutting through it. The river is a bright blue-green color and meanders through the dense canopy of trees. The perspective is from a high angle, looking down at the landscape.

COQUILLE INDIAN TRIBE

- ANCESTORS LIVED IN THE LANDS OF THE COQUILLE RIVER WATERSHED AND LOWER COOS BAY
- MORE THAN 1,100 ENROLLED MEMBERS, WITH GOVERNMENT OFFICES LOCATED IN NORTH BEND
- REGAINED MORE THAN 10,000 ACRES OF ANCESTRAL HOMELAND, MUCH OF WHICH IS SUSTAINABLE FOREST
- WHILE THE TOWN AND RIVER ARE PRONOUNCED “KO-KEEL” THE TRIBE’S PRONUNCIATION IS “KO-KWEL”



COW CREEK BAND OF UMPQUA TRIBE OF INDIANS

ANCESTORS LIVED BETWEEN THE
CASCADE AND COAST RANGES,
ALONG THE SOUTH UMPQUA RIVER
AND COW CREEK – GENERALLY
MOVING INTO THE HIGHER
ELEVATIONS IN THE WARMER MONTHS
AND SETTLING IN WINTER VILLAGES IN
LOWER ELEVATIONS DURING WINTER

MORE THAN 1,800 ENROLLED MEMBERS,
WITH GOVERNMENT OFFICES
LOCATED IN ROSEBURG

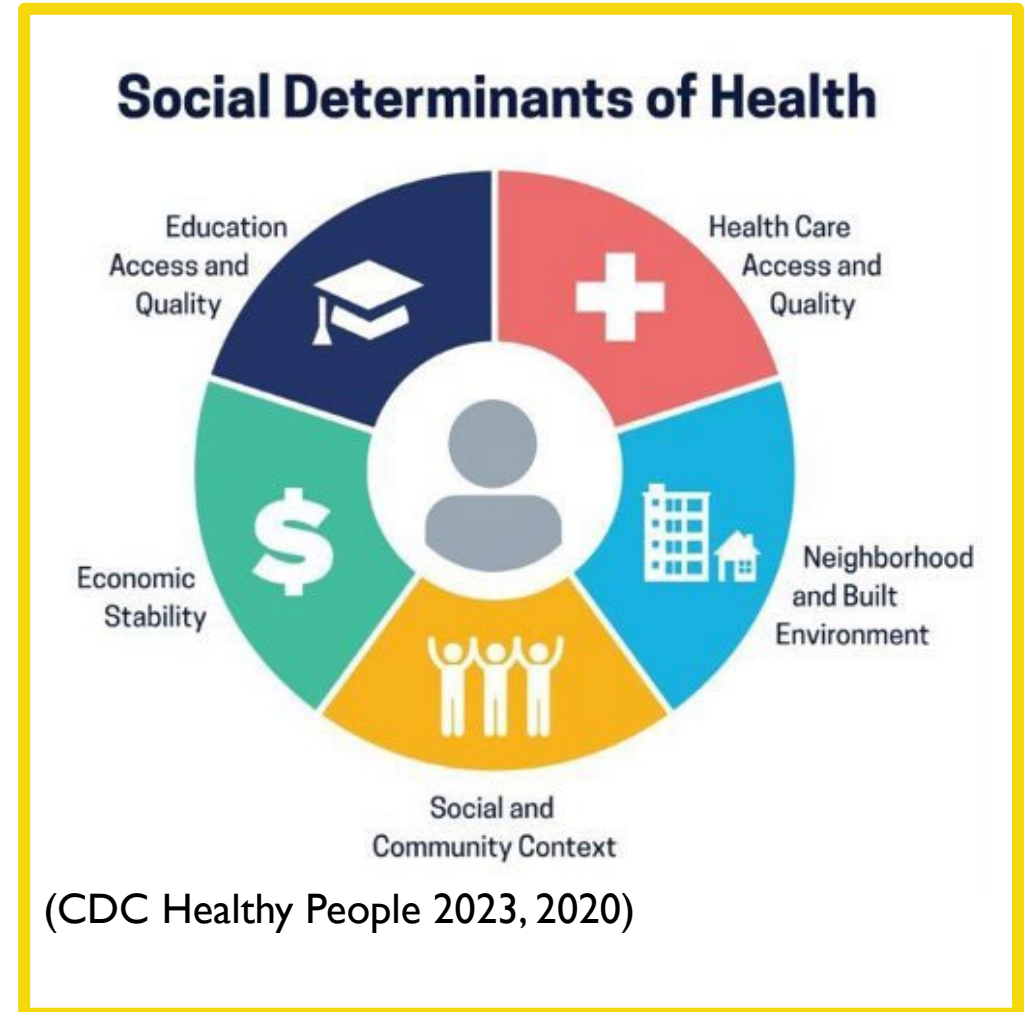
SOCIAL DETERMINANTS OF HEALTH

Social Determinants of Health (SDOH) are:

- Non-medical factors and conditions such as where people are born, grow, live, work, and play; and
- The influences and systems that share the conditions of daily life (CDC, 2022).

In the U.S., the Centers for Disease Control and Prevention (CDC) based the five domains in their model on two decades of research on the impact of SDOH on health outcomes.

The next five slides provide descriptions and examples of each domain.



ECONOMIC STABILITY



Economic stability is associated with an individual's ability to ensure that basic needs are met for themselves and their family.

Indicators include income level, employment status, poverty level, food security, and housing stability.

Research has confirmed an association or relationship between social status and health outcomes (Adamsen et al., 2018; Braveman et al., 2010).

Examples of community level instability would be things like the taking of natural resources, limitations on access to economic development opportunities, or the limited employment opportunities in rural areas.

EDUCATION: ACCESS & QUALITY



Education provides an individual with the knowledge and skills to support conditions for improved health and well-being.

High school graduation, enrollment in higher education, language, literacy, early childhood education are important indicators for health.

Educational training supports increase opportunities for employment, which can help improve financial stability and improved health literacy.

Identifying the factors that inhibit or promote entrance, retention, and graduation of American Indian and Alaska Native students represent important social determinants of health.

HEALTHCARE: ACCESS & QUALITY



Access to quality health care ensures individuals receive the care needed to improve and/or maintain their health and well-being.

Indicators can include having: 1) a primary care physician, 2) health insurance, 3) respectful patient – provider relationships, and 4) affordable medications.

While many native nations control their health systems (Hubbard & Chen, 2022; Zuckerman et al., 2004), elders continue to find access to care problematic (Jaramillo & Willging, 2021).

Tribes can address patient satisfaction by providing translation, inclusion of traditional healing, and other community-specific supports needed to improve access to care.

NEIGHBORHOOD AND BUILT ENVIRONMENT



Neighborhood and the built environment have a significant impact on individual and community health and well-being.

The domains of neighborhood and the surrounding built environment include factors like housing quality, access to transportation, access to clean air and water, healthy food access, and exposure to violence and crime.

Neighborhood characteristics are related to increased risk related to diabetes (Jiang et al., 2018), exposure to COVID-19 (Rodriguez-Lonebear et al., 2020), and access to resources (Chodur et al., 2016) among American Indians and Alaska Natives.

SOCIAL AND COMMUNITY CONTEXT

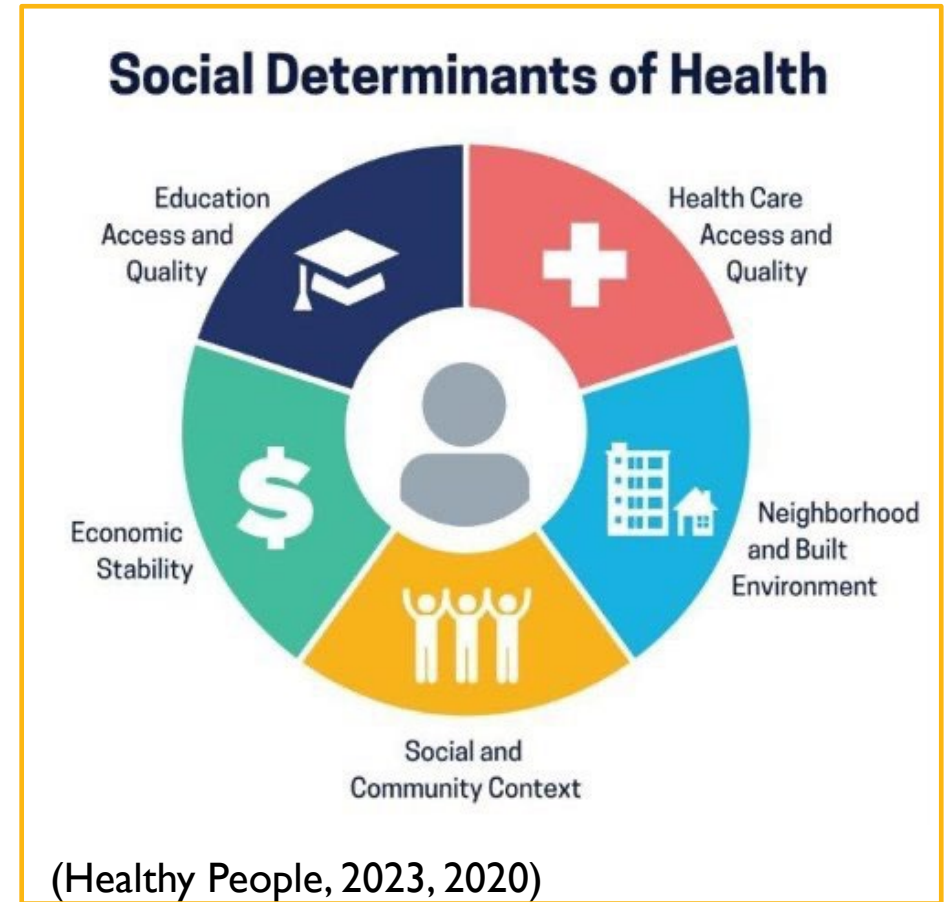


Social and Community context refer to the interpersonal relationships and networks that contribute to an individual's health and well-being.

This domain includes factors like community cohesion, civic participation, discrimination, racism, cultural norms, violence, workplace conditions, and incarceration.

Within the context of American Indian and Alaska Native nations and communities, high levels of discrimination are found in health care settings, judicial and law enforcement encounters, and employment contexts (Fingling et al., 2019).

- Do you agree with the five domains identified?
- Would you add to any areas?



DISCUSSION

INDIGENOUS SOCIAL DETERMINANTS OF HEALTH

*"Indigenous Social
Determinants of Health are the
conditions
specific and
unique to Indigenous
communities
that impact health and well-
being."
(Carroll et al., 2022)*

- Indigenous Knowledge
- Language and Identity
- Land and Kinships
- Sovereignty & Governance



INDIGENOUS KNOWLEDGE

Indigenous Knowledge varies by region and culture.

Indigenous Knowledge could include:

- Ways to process, understand, teach, and take collective action for various causes and policies (Gone, 2019).
- Ways to be in community, including, but not limited to, benefiting from prayer, mutual aid, togetherness, cultural connectedness, and other shared experiences that support wellness (Straits, 2020).



LANGUAGE AND IDENTITY

Language and identity vary across regions and cultures.

Language and identity could include:

- Speaking Indigenous languages with other speakers, passing on and practicing cultural teachings, engaging in practices that support collective identity (Gonzalez et al., 2021).
- Revitalizing and growing Indigenous language use; reclaiming traditional knowledge, beliefs, and practices; finding ways to support community in maintaining and growing cultural connection opportunities (Jacob et al., 2019).



LAND AND KINSHIP

Understandings of land and kinship differ across tribal communities. Constructs of land and kinship could include:

- Connection to the geography of a people and to one another (Greenwood & Lindsay, 2019).
- Recognizing and reaffirming Indigenous peoples are rooted in traditional understandings of specific places, be it land-, water-, or ice-based locations (Walters et al., 2020).
- Traditional stories, Indigenous language names for locations and landmarks, and traditional ways of being with and respecting the land and environment (Hodge et al., 2022).



SOVEREIGNTY

Tribal sovereignty may be expressed differently across tribal communities. It may include:

- Sovereign rights of tribal governments to ensure healing, health, welfare, and safety of their people and ancestral lands (Mays, 2022).
- Governance practices, both current and traditional, that support wellness for individuals, families, communities, and the environment around us (Rasmus et al., 2020).



STRUCTURAL DETERMINANTS OF HEALTH

Structural determinants of health include aspects of our lives that operate across communities and regions, such as:



(Leung et al., 2022)

STRUCTURAL DETERMINANTS IN INDIAN COUNTRY



Parker, 2023

American Indian and Alaska Native communities have employed complex systems of governance, health, and social supports since long before European contact (Unal, 2018).

COLONIAL CONTACT WITH AIAN COMMUNITIES

- Contact with Western European populations had major impacts on American Indian and Alaska Native health.
- Many Indigenous populations were impacted heavily by new diseases spread through colonization.
- Federal and State policies took away access to cultural, linguistic, spiritual, traditional foods, medicines and other key resources important for maintaining health and well-being (Mitchell, 2012; Warne et al., 2019).



ACTIVITY

List five things that mean the most to you

HISTORICAL TRAUMA

Colonization of AIAN communities also resulted in historical trauma, which is:

"The cumulative, multigenerational, collective experience of emotional and psychological harm present among American Indian and Alaska Native communities and descendants" (Evans-Campbell, 2008).

High levels of:

- Substance misuse
- Anxiety
- Diabetes
- High blood pressure
- Depression
- Post-traumatic stress disorder
- Cancer
- Cardiovascular disease

can be traced back to the effects of stress, especially toxic stress, and trauma, including historical trauma.

(Sebwenna-Painter et al., 2023)

HISTORICAL TRAUMA - CONTEXT



Circa 1922, probably at South Slough



Eddie Ned, a Coquille student, is pictured in a government school uniform in the early 1900s.

WHY ARE STRUCTURAL DETERMINANTS FRAMEWORKS HELPFUL?

As one tribal program director put it,

"We aren't responsible for what happened, and yet we are all responsible for healing and moving forward."



TRIBAL SOVEREIGNTY: A TOOL FOR IMPROVING PUBLIC HEALTH

Tribal treaty rights and provisions in federal and state law recognize the political status of American Indians and Alaska Natives.

Tribal nations retain all sovereign rights not taken away by Congress.

Tribal sovereignty offers opportunities for tribal governments to make their own laws and policies, *including those that support public health* (Bryan et al., 2009).

Tribal sovereignty can play an important role in improving structural determinants of health.



SYSTEMIC DETERMINANTS OF HEALTH

Systemic determinants of health refer to the discrimination that occurs within and across macro-level systems that affect health – for individuals, families, and communities.

One example is structural racism – the effect of not having equitable access to goods or services or being denied human rights based on race.

These experiences impact health through increasing stressors at many levels (Dennis et al., 2021; Veterans Affairs, 2023).



Banking System



Housing System



Prison System



Educational System



Child Welfare System



Medical Systems



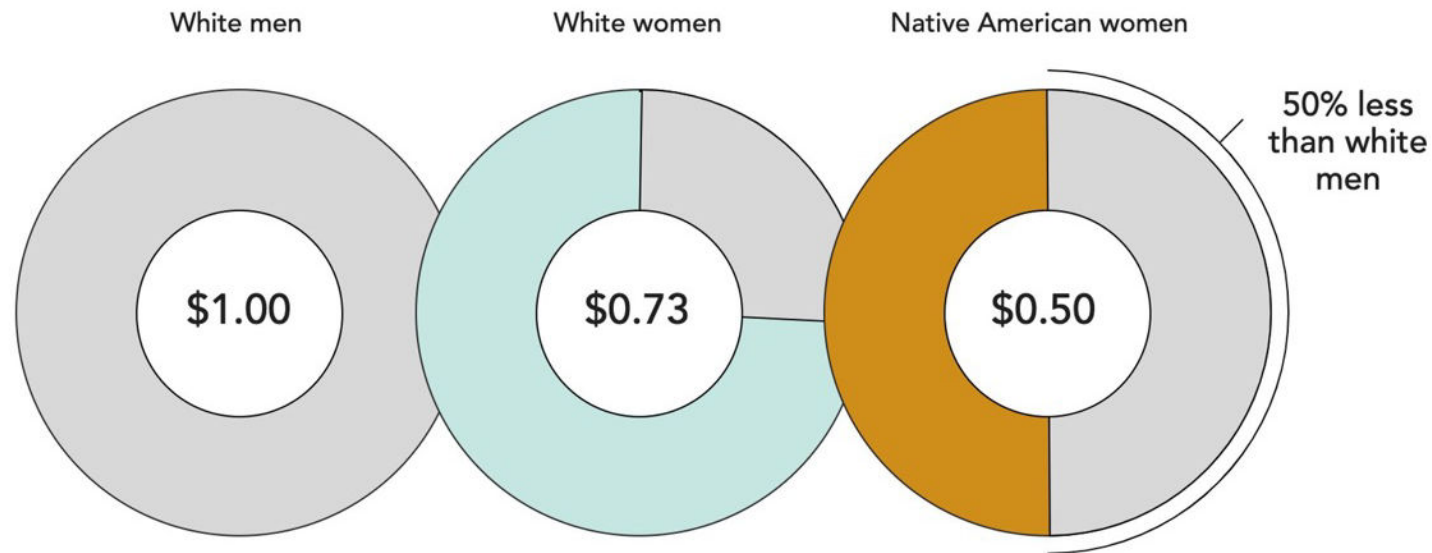
Employment



Safe Environments

SYSTEMIC DOH AFFECTING AIAN COMMUNITIES

The pay gap by gender and race



We see evidence of these systemic determinants of health across multiple systems.

The inequity in pay persists, even within occupations.

This suggests the effect of persistent, systemic inequity based on race.

Native American women face a pay gap—and that's part of a much bigger problem. (n.d.) Lean In. Retrieved August 10, 2022, from <https://leanin.org/data-about-the-gender-pay-gap-for-native-american-women#!>

A SYSTEMS APPROACH TO SYSTEMIC DETERMINANTS



Tribal sovereignty offers tools like public health governance to address the systemic inequities experienced by American Indians and Alaska Natives.

Tribal housing, employment opportunities, schools, and many other programs provide tribal members with needed support to fully access basic human rights and services.

DISCUSSION